NAVY CHILD DEVELOPMENT SERVICE INDIVIDUAL DEVELOPMENT PLAN CHILD DEVELOPMENT CENTER (CDC) TRAINING RECORD

TELEPHONE NUMBER:

2.1. 20 1.22 1.1.2.2.		
DATE OF HIRE	ORIENTATION COMPLETED DATE:	CLASSROOM ASSIGNMENT:
INITIAL ORIENTATION (Prior to working with children	DATE:	

ADDRESS:

EMPLOYEE NAME:

NOTE: ACTUAL CLOCK HOURS MAY EXCEED TRAINING UNITS

CDC ORIENTATION TRAINING	DATE	TRAINING UNITS	TRAINER'S INITIALS:	EMPLOYEE INITIALS:
Position responsibilities/performance standards				
Applicable Navy regulations, local inst., and SOP's				
Child health and safety				
Child abuse/neglect, identification, reporting, prevention, appropriate touch				
Age appropriate positive guidance/discipline policies/techniques				
Communicable Disease, Medications, Hygiene, Handwashing, Diapering, Sanitation, and Food Service "Healthy Kid Keep Everybody Healthy"				
Fire prevention, protection, emergency evacuation and safety procedures				
Parent and family relations/customer services				
Developmentally appropriate practices				

CAREGIVER'S NAME:

ORIENTATION CONTINUED: 36 hours to	DATE:	TRAINING	TRAINER'S	EMPLOYEE
be completed within 6 months of hire		UNITS	INITIALS	INITIALS
The completed within a months of mic				
Child/Infant CPR* (within first 60 days)				
Sind man CITE (Wallin hist oo days)				
Basic/beginning First Aid* (within first				
60 days)				
Child abuse/neglect prevention -DoD				
Standardized training modules 14/15*				
(within first 60 days)				
Child growth and development				
Food handling, nutrition and meal				
service "Family Style Dining"				
Early Childhood Environmental Rating				
Scale ECERS Infant Toddler				
Environmental Rating Scale ITERS				
MODULES: upon completion of				
orientation				
Module #				
Date K.A: Score: Date CA:				
Module #				
Date K.A: Score: Date CA:				
Module #				
Date K.A: Score: Date C.A. Module #				
Wodule #				
Date KA: Score: Date C.A:				

CAREGIVER'S NAME:		

TRAINING CONTINUED:	DATE	TRAINING UNITS	TRAINER'S INITIALS	EMPLOYEE INITIALS
OFFILED				
OTHER:				

CAREGIVER'S NAME:		

ANNUAL UPDATE	DATE	TRAINING UNITS	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
CPR (Expiration Date)				
FIRST AID (Expiration Date)				
CHILD ABUSE				

ANNUAL UPDATE	DATE	TRAINING UNITS	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
CPR (Expiration Date)				
FIRST AID (Expiration Date)				
CHILD ABUSE				

ANNUAL UPDATE	DATE	TRAINING UNITS	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
CPR (Expiration Date)				
FIRST AID (Expiration Date)				
CHILD ABUSE				

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FIRST AID (Expiration Date)				
CHILD ABUSE				

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CAREGIVER'S NAME:		
CHREOTVER STURINE.		

ADDITIONAL TRAINING

TOPIC	DATE	TRAINING UNITS	TRAINER' S INITIALS	EMPLOYEE'S INITALS